



**State of Utah**  
**DEPARTMENT OF COMMERCE**  
**Division of Corporations & Commercial Code**  
**Application for Foreign Limited Liability Partnership**

Non-Refundable Processing Fee:  
[ ] New Filing \$22.00

When approved, your Limited Liability Partnership is registered for one (1) year. The last words of the name must be "Limited Liability Partnership" (LLP). An Original Certification of Fact or Good Standing from the Office of the Secretary of State, or other responsible Authority of the State in which the Limited Liability Partnership is formed, must accompany this application. Return fees with two (2) copies of this application.

<b>1. Limited Liability Partnership name:</b> _____ (Name of Limited Liability Partnership in the Home State)	
<b>2. This Limited Liability Partnership of the state or country of:</b> _____	
<b>3. Date of formation or organization in home state:</b>	_____
<b>4. Business Purpose:</b>	_____
<b>5. Principal Address:</b>	_____
	Street Address Only
	_____
	City _____ State _____ Zip _____
<b>6. Registered Agent Name &amp; Address:</b> <small>Utah Street Address Required, PO Boxes can be listed after the Street Address</small>	Name: _____
	_____
	Street Address
	_____
	City _____ State _____ Zip _____
	Signature: _____
<b>7. Minimum 2 Partners:</b>	<b>Authorized Partner(s) attach additional pages if needed:</b>
<b>8. General Partner Name &amp; Address:</b>	Name: _____
	_____
	Street Address
	_____
	City _____ State _____ Zip _____
	<b>Signature:</b> _____
<b>8b. General Partner Name &amp; Address:</b>	Name: _____
	_____
	Street Address
	_____
	City _____ State _____ Zip _____
	<b>Signature:</b> _____
<b>9. The Limited Liability Partnership shall use as its name in Utah:</b> _____ Must be the same as number (1) unless the name is not available in Utah.	
<b>10. Under penalties of perjury and as an authorized partner, I declare that this application, and if applicable, the statement of change of registered office and/or agent, has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.</b>	
_____ Limited Liability Partnership Authorized Signer Signature	
_____ Name & Title	
<b>Under GRAMA {63-2-201}, all registration information maintained by the Division is classified as public record. For confidentiality purposes, you may use the business entity physical address rather than the residential or private address of any individual affiliated with the entity.</b>	